## COLLECT BACKGROUND REPORT FOR VENDORS/CONTRACTORS

Fax to Attention: Tracie Gadrow 860-692-7703

		TOR VENDO	710/001(1	1410101			
NAME _	ME(LAST) (FIRST)		D.O.B (MI)				
,	(LAST) (FIRST) MAIDEN NAME		The state of the s		,		
<b>HGT.</b> _	WGT	RACE	_ SEX	_ EYES _		_HAIR	
SCARS 7	TATTOOS		VENDOR:				
DRIVER	R'S LICENSE #			STATE			
SUBMIT	ITED BY					_ DATE	
OFFICIAL USE ONLY:			POSITIVE NO PRIOR CONVICTIONS				
FL02 I	DRIVER INFO						
_	CT VEHICLE/WANTED I	INQ.					
	CT MASTER FILE						
	CT SUSPENSE FILE	~~~		님			
	OFF. BASED TRACKING INTERSTATE III CHECK						
~	S DOC SS CHECK						
	M DOC NAME CHECK						
	OUT OF STATE CHECKS	1	Ш				
TLLY.	RI_						
	NY						
	MA_						
CHECK	K COMPLETED BY					DATE	
Comme	ents/Findings:		OFFICIAL USE	E ONLY:			
Arrest	Arresting Agency/Docket	Charge:		Level:	Date	Court Disposition:	
Date:	Number:			Misd. or Fel.	Disposed:		
*Please note: this form will not be processed if incomplete or illegible*  *Please read and sign below in the presence of a witness*							
		RELEA	SE OF INFOR	MATION			
I, the undersigned, do hereby authorize the Connecticut Department of Correction (CT DOC) to obtain and disclose any and all							

I, the undersigned, do hereby authorize the Connecticut Department of Correction (CT DOC) to obtain and disclose any and all information deemed appropriate by the Department, from any source(s), including a criminal background investigation relating to whatever in the opinion of the Connecticut Department of Correction is relevant to my suitability for entry into any correctional facility administered by said Department. In addition, I hereby relinquish and waive any and all claims; present and future, against the State of Connecticut and any of its employees or agents in the exercise of the authority granted herewith.

Signature of Applicant	Date Signed
ignature of Witness	Date Signed